



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Tomoko Oyabu, et al.

Serial No. : 09/627,725

For : PROGRAM GUIDE INFORMATION PROVIDING
DEVICE, PROGRAM DEVICE INFORMATION
PROVIDING SYSTEM, INFORMATION
RECEIVING DEVICE, REMOTE OPERATING
SYSTEM, AND METHOD THEREOF

Filed : July 28, 2000

Examiner : Huynh, Son P.

Art Unit : 2623

Confirmation No : 2836

745 Fifth Avenue
New York, NY 10151

EXPRESS MAIL CERTIFICATE

Mailing Label Number: EV 895514668 US

Date of Deposit: November 13, 2006

I hereby certify that this paper or fee is being deposited with the
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P.O. Box 1450, Alexandria, VA 22313-1450.

Barnet Shindler
(Typed or printed name of person mailing paper or fee)

Barnet Shindler
(Signature of person mailing paper or fee)

**AMENDMENT UNDER 37 C.F.R. § 1.116 SUBMITTED
WITH REQUEST FOR CONTINUED EXAMINATION**

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action mailed on August 21, 2006, having a three-month statutory period for response set to expire on November 21, 2006, please amend the above-identified application as follows.

Amendments to the Claims are reflected in the listing of claims, which begins on page 3 of this paper.

Remarks/Arguments begin on page 22 of this paper.



PATENT
450100-02622

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Art Unit : 2623

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	40	Minus	** =40	* 0 x	\$50 (25)	= \$ 0
Independent claims	8	Minus	*** =8	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$280(140) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$ _____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$ _____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Barnet Shindler
(Typed or printed name of person mailing paper or fee)

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(Signature of person mailing paper or fee)

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

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Reg. No. 41,442

00378270